

REPORT OF INCIDENT FORM

This form is used to report all FWP Vehicle and Property losses.
The form is provided by Risk Management & Tort Defense, however FWP manages internally all incidents that result in a loss.
This form is to be completed by the FWP Employee and submitted directly to:
Kim Dallas – Vehicles / Janet Strandberg – Property
Do Not send or submit the form to Risk Management & Tort Defense.



STATE OF MONTANA
RISK MANAGEMENT & TORT DEFENSE
DEPARTMENT OF ADMINISTRATION
P.O. BOX 200124 - HELENA, MT 59620-0124
(406) 444-2421 FAX (406) 444-2592

Reporting Person:	Job Title:
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Department: Montana Fish, Wildlife & Parks	Division:	Phone:
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Date/Time of Incident:	Location of Incident:
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COMPLETE ONLY THE SECTION THAT APPLIES TO YOUR LOSS

VEHICLE PERSONAL INJURY PROPERTY DAMAGE DATA BREACH/OTHER

VEHICLE

ACCIDENT INFORMATION

Were Police Notified? Yes <input type="checkbox"/> No <input type="checkbox"/>	Police Department Name:
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Investigating Officer's Name:	Investigation Officers Phone Number
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Were Citations Issued? No Yes STATE Vehicle Driver OTHER Vehicle Driver

Weather Conditions: Clear? Rain? Snow? Other? Describe

Roadway Conditions: Dry? Wet? Icy? Snow packed? Other? Describe

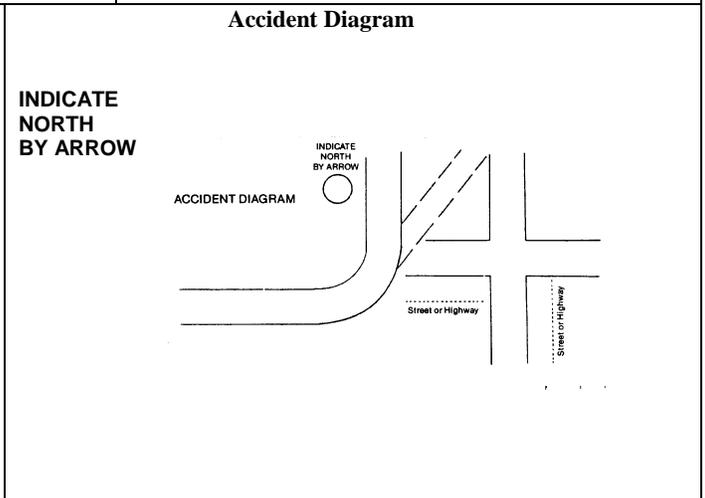
Light Conditions: Daylight? Darkness? Dusk? Dawn? Other? Describe

Vehicle Speed: STATE Vehicle? OTHER Vehicle?

Vehicle License Plate Number:		
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Describe Accident/Incident in detail:

(use blank paper for additional information)



STATE VEHICLE INFORMATION

Department Owning Vehicle:	Phone No.
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Driver's Name:	Phone No.
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For What Purpose was the Vehicle Being Used?

Plate No.	VIN No.	Make/Model/Year:
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Location Where Vehicle May Be Seen (Address)?	Equip. No.
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OTHER VEHICLE INFORMATION

Plate No./State:	VIN No.:	Make/Model/Year:
Owner Name:		
Address:		Phone No.:
Driver's Name:		
Address:		Phone No.:
Insurance Co.:	Policy No.:	Phone No.:

OCCUPANTS

Name:	Address:	Age	State Veh.	Other Veh.	Injured Y - N	Describe Injury
			<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>		

WITNESSES

Name:	Address:	Phone:

PERSONAL INJURY

Name of Injured:	Address:	Phone:
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Nature of Injury:

Describe clearly how accident/injury occurred:
(use blank paper for additional information)

PROPERTY DAMAGE

Describe clearly how the loss occurred and give a brief description of the property (i.e. make, model, serial number when applicable)
(use blank paper for additional information)

DATA BREACH/OTHER

Describe clearly how the loss occurred:
(use blank paper for additional information)

SIGNATURES

Date	Driver's Name (print clearly) and Signature:
Date	Reporting Person's Name (print clearly) and Signature (if different from Driver's Name):
Date	Supervisor's Name (print clearly) and Signature:
Date	Fleet Vehicle Staff Authorized Signature: